

A. INTRODUCTION

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- EXAMPLES
- CHECKLIST

C. CONSTRUCTION ENGINEERING & INSPECTION INVOICING PACKAGE

- INVOICING INSTRUCTIONS
- EXAMPLES
- CHECKLIST

D. FINAL INVOICING PACKAGE

- INVOICING INSTRUCTIONS
- EXAMPLES
- CHECKLIST

A. INTRODUCTION

PURPOSE OF THIS MANUAL

The purpose of this manual is to assist all Local Public Agencies (LPA's) with the submittal of their invoicing package when requesting reimbursement on federally funded projects. All invoicing packages are required to be submitted in a timely manner to the oversight agency, the Mississippi Department of Transportation, for review and reimbursement of funds. This invoicing manual will provide the LPA with step by step instructions of the documentation required when requesting reimbursement on federally funded projects. Example invoicing packages are provided in this manual as a guide to assist the LPA when requesting reimbursement on contract specific projects.

B. PRELIMINARY ENGINEERING INVOICING PACKAGE

INSTRUCTIONS

- MDOT creates CSU-001 and e-mails it to the LPA/Consultant after NTP and executed Contract is received by MDOT;
- II. Consultant's project manager signs CSU-001 and forwards a complete copy of the Invoice Package to the LPA;
- III. LPA Reviews Invoice Package, if appropriate, Chief Administrative Official (CAO) signs CSU-001;
- IV. LPA pays the Consultant prior to MDOT reimbursement;
- V. LPA submits to MDOT "LPA Invoice Package" digitally at lpainvoice@mdot.ms.gov;
- VI. MDOT reviews billing, if appropriate, processes invoice; and
- VII. MDOT CSU will sign and send copy of the invoice to the LPA.

EXAMPLE - CSU-001

THIS CSU-001 FORM IS AN EXCEL SPREADSHEET WITH PERTINENT FINANCIAL CODING AND IS PROJECT SPECIFIC.

| PRELIMINARY ENGINEERIN | G CSU-00 | l For LF | | | | | | | | |
|---|----------------|-------------|----------------|----------|-------------------------------------|----------------|--------------------------------|-------------------------------|-----------------------|--|
| | | | | | PI DEPARTMENT Y ENGINEERING | | SPORTATION TE - RECAP SHEET | | | |
| | | | | | | | | P.O. No. 3941 | | |
| Vendor Number Project No. | | | | County | | | | Invoice Number : Sheet No. | | |
| n Account With | | | | | | | | | 1 01 | |
| Contract Number: Est. No. | Progress Es | timate | in all | Period | | THRU | | Document No. | | |
| | | | | | | | | | | |
| | Line Item | OCA | User Code 1 | Object | Project Number / Detail Code | User Code 2 | Current Period | Previous Estimate | Total Allowed to Date | |
| otal Participating Cost | 1 | | | | | 1 | | | | |
| | | | | | | | | | | |
| otal | | | | | | | | 0.00 | | |
| | | | | | | ************* | | | | |
| 「otal All Work Due | | | | | | | | 0.00 | | |
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| | | | | | | | | | | |
| otal Net Work Due | | | | | | | | 0.00 | | |
| voice Submitted | | | | | Current Termination | Date of | | | | |
| Original Signed | ant -Project | M | | _ | Contract: | | | | | |
| Consult | ant-Project | riianage | ٠, | | (*** No Work is reimbursa | | AMOUNT OF PAY | MENT FOR ALL ESTIM | ATES SHOULD BE TO | |
| PA Official | | | | - | termination date ha exceeded***) | | THE NEAREST CENTS (\$0.00). | | | |
| | | | | | Maximum Amount Allowe | d for Project | | | | |
| MDOT Consultant Admin | | | | | (Total Net Work Due): | 2.51 FTOREC | | | | |
| | Services Direc | tor, Scot E | hrgott | _ | | | | | | |
| Matching Funds Deduction for LPA 0.00000% | 001 | | 153 | 1612 | | 1 | | 0.00 | | |
| | | | тот | AL Ne | t Amount Owed to | the LPA | | 0.00 | | |
| | | | | | | | | | | |
| ··· Please populate an | y fields wh | nich are | notate | d by th | e shaded boxes: | | | | | |

EXAMPLE - INVOICE

THE INVOICE SHOULD BE FORMATTED IN ACCORDANCE WITH THE EXHIBIT 4 IN THE CONTRACT.

| EXHIB SAMPLE IN | | | | | | | | |
|--|---|----------------------------|--|--|--|--|--|--|
| LOCAL PUBLIC AGENCY ADDRESS CITY, STATE, ZIP CODE ATTENTION: ACCOUNTS PAYABLE INVOICE NO. 8000 PERIOD | DATÉ: | | | | | | | |
| CONTRACT DATED | 20 _, AS RELAT | | | | | | | |
| PROJECT NO IN C | OUNTY, HIGHV | /AY | | | | | | |
| CONSULTANT: CUSTOMER NUMBER (000000000) PILE NO. 000-000000 REPORT NUMBER: 0000 through 00000 | | | | | | | | |
| CURRENT | PREVIOUS | TOTAL ALLOWED | | | | | | |
| PERIOD | ESTIMATE | TO DATE | | | | | | |
| DIRECT SALARIES \$ | \$ | \$ | | | | | | |
| * PAYROLL ADDITIVE (less FCCM) \$ | \$ | \$ | | | | | | |
| POXED FEE | | | | | | | | |
| (% complete X total fee less amounts previously paid - not to exceed 75%) | \$ | \$ | | | | | | |
| PAYROLL ADDITIVE w/ FCCM only \$ | ş | \$ | | | | | | |
| " DIRECT COSTS \$ | \$ | \$ | | | | | | |
| PROJECT TOTAL \$ | \$ | \$ | | | | | | |
| AMOUNT DUE THIS INVOICE: \$ | \$ | \$ | | | | | | |
| NOTE: 1.* PAYROLL ADDITIVES (INCLUDING AL 2.** DIRECT COSTS (ATTACH SUPPORTING 3. THE CONSULTANT MAY USE ITS ON APPROVED, PRIOR TO SUBMISSION B' MINIMUM, CONTAIN THE ABOVE INF | GDATA) WN INVOICE FO Y THE CONSUL | DRM SO LONG AS IT HAS BEEN | | | | | | |

| SUPPORTING DATA | 1 | | | | Project No. County | 00-0000-001-000-0 |
|----------------------------------|------------------|----------------------------|-------------|----------------------------------|-----------------------|-------------------|
| Employee and Classification | Rate of Pay | Current Period Hours | Current Pro | rvious Period <u>Costs</u> | Costs To Date | |
| DIRECT LABOR A | ND DIKECT CO | DSTS | | | | |
| John P. Public, Jr Engineer | 0.00 | 0.0 | 0.00 | 0.00 | 0.00 | |
| John P. Public, Je Designer | 0.00 | 0.0 | 0.00 | 0.00 | 9.00 | |
| John P. Public, Jr Engineer | 0.00 | 0.0 | 0.00 | 0.00 | 0.00 | |
| John P. Public, Jr Technician | 0.00 | 00 | 0,00 | 0.00 | 9.00 | |
| Sub Total | | 0.0 | 0.00 | 0.00 | 0.00 | |
| Payzoll Additives (minus l | CCM) | | 0.00 | 0.00 | | |
| Total Labor | | | 0.00 | 0.00 | 0.00 | |
| Fixed Fee | | | 0.00 | 0.00 | 909 | |
| Payroll additives w/ realy I | PCCM (Direct),a | bor* FCCM) | 0.00 | 0.00 | 0.00 | |
| Direct Costs | | | 0.00_ | 0,00 | 0.00 | |
| Project Total | | | 0.00 | 0.00 | 0.00 | |

EXAMPLE – BILLING BACK-UP

THE LPA/CONSULTANT MUST PROVIDE TIMESHEETS AND/OR BILLING BACKUP TO SUPPORT THE HOURS BILLED ON THE PROJECT.

Project 99999.001

Invoice No. 102655

Billing Backup

Tuesday, June 9, 2015

10:59:03 P.M.

ABC Engineering, Inc. Invoice No. 102655 Dated 6/9/2015

Professional Personnel

| | | Hours | Rate | Amount |
|-----------------|-----------|-------|-------|---------|
| Clerical | | | | |
| Jones, Jessica | 5/18/2015 | 8.00 | 27.00 | 216.00 |
| Jones, Jessica | 5/19/2015 | 6.00 | 27.00 | 162.00 |
| Jones, Jessica | 5/20/2015 | 2.00 | 27.00 | 54.00 |
| Engineer | | | | |
| Butler, Mark | 5/4/2015 | 6.00 | 48.77 | 292.62 |
| Butler, Mark | 5/5/2015 | 5.00 | 48.77 | 243.85 |
| Butler, Mark | 5/6/2015 | 4.00 | 48.77 | 195.08 |
| Butler, Mark | 5/7/2015 | 4.00 | 48.77 | 195.08 |
| James, Jordan | 5/4/2015 | 4.00 | 49.50 | 198.00 |
| James, Jordan | 5/5/2015 | 2.00 | 49.50 | 99.00 |
| James, Jordan | 5/6/2015 | 8.00 | 49.50 | 396.00 |
| James, Jordan | 5/7/2015 | 8.00 | 49.50 | 396.00 |
| Project Manager | | | | |
| Mays, David | 5/4/2015 | 1.00 | 65.23 | 65.23 |
| Mays, David | 5/7/2015 | 1.00 | 65.23 | 65.23 |
| Total Labor | | 59.00 | | 2578.09 |

EXAMPLE – TIMESHEET

THE LPA/CONSULTANT MUST PROVIDE TIMESHEETS AND/OR BILLING BACKUP TO SUPPORT THE HOURS BILLED ON THE PROJECT.

| Weekly Timesheet | | | | | | | | | | | |
|----------------------|------------|------|-------|-------|------|------|------|-------|--------------|-----------------|----------------|
| Person | ID | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total Hrs | Overtime Hrs | Regular Hrs |
| Yegor Kozlov | YK | 5 | 8 | 10 | 5 | 5 | 7 | 6 | 46.00 | | 46.00 |
| Gisella Bronzetti | GB | 4 | 3 | 1 | 3.5 | | | 4 | 15.50 | | 15.50 |
| | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | 0.00 | | 0.00 |
| | _ | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | 0.00 | | 0.00 |
| | Total Hrs: | 9.00 | 11.00 | 11.00 | 8.50 | 5.00 | 7.00 | 10.00 | 61.50 | 0.00 | 61.50 |
| Total Regular Hours | 61.50 | | | | | | | | | | |
| | | - | - | | | | | | | - | |
| Total Overtime Hours | 0.00 | | | | | | | | | | |

EXAMPLE – RECEIPT / MILEAGE LOG

THE LPA/CONSULTANT MUST PROVIDE ALL SUPPORTING DOCUMENTATION FOR DIRECT COSTS BILLED TO THE PROJECT.

| Austin, TX 78745 555-555-5555 | |
|--|----------------------------|
| •••••• | |
| STORE: 0003 REGISTER: 001 | |
| CASHIER: KATIE ASSOCIATE: 0000000 | |
| MASSOCIATE: 0000000 | |
| CUSTOMER RECEIPT COPY | |
| ORIGINAL TRANSACTION INFORMATION | |
| STORE : 00032 | |
| REBISTER : 001 | |
| DATE : 12/31/2005 | |
| NUMBER : 5194 | |
| | 259.99 |
| | |
| SUBTOTAL | 259.99 |
| SALES TAX | 21.45 |
| TOTAL | 281.44 |
| | |
| | *** |
| AMOUNT TENDERED | 281.44 |
| Visa | |
| Nisa ACCT: ******1234 | |
| ACCT: *******1234 EXP: ****** | |
| Nisa ACCT: ******1234 | |
| ACCT: *******1234 EXP: ****** APPROVAL: \$99999 CARDHOLDER: JANE SMITH | 281.44 |
| ACCT: *******1234 EXP: ****** APPROVAL: \$99999 CARDHOLDER: JANE SMITH | 281.44 |
| ACCT: *******1234 EXP: ****** APPROVAL: \$99999 CARDHOLDER: JANE SMITH TOTAL PRYMENT | 281.44 1/8/2005 2:40 PM |
| ACCT: ********1234 EXP: ****** APPROVAL: \$99999 CARDHOLDER: JANE SMITH TOTAL PAYMENT | |
| CORDINATION OF THE PROPERTY OF | |
| ACCT: 1234 EXP: 44444 APPROVAL: 999999 CARDHOLDER: JANE SMITH TOTAL PAYMENT Transaction: 52858 CARHOLDER SIGNATURE: | |

Vehicle Mileage Log

Beginning Date:

| Date | Odomel | er Reading | Miles Traveled | Purpose / Description | Total Miles |
|------|-----------|------------|--------------------------|-----------------------|--------------------------|
| Date | Beginning | Ending | "Do not type in this box | Turpose i Description | "Do not type in this box |
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EXAMPLE - CHECK

PROVIDE A COPY OF THE CHECK MADE PAYABLE TO THE CONSULTANT.



CHECKLIST

| Package includes (1) complete copy of all documentation; |
|--|
| Original signed CSU-001; |
| CSU-001 formulas and codes have not been altered; |
| Original current Consultant invoice; |
| All supporting documentation for payment of the invoice (i.e. billing back up, timesheets, hotel receipts, mileage logs, and all other information indicated in the Contract); |
| Proof of payment; |
| Subconsultant(s) Invoice (Providing the same information and in the same format as the prime consultant); and |
| The hours or services billed are on or after the Notice to Proceed date. |

C. CONSTRUCTION ENGINEERING & INSPECTION INVOICING PACKAGE

INSTRUCTIONS

- I. MDOT creates LPA-001 and e-mails it to the LPA/Consultant after NTP and executed Contract is received by MDOT;
- II. Consultant's project manager signs CSU-001 and forwards a complete copy of the Invoice Package to the LPA;
- III. LPA Reviews Invoice Package, if appropriate, Chief Administrative Official (CAO) signs LPA-001;
- IV. LPA pays the Consultant prior to MDOT reimbursement;
- V. LPA submits to MDOT "LPA Invoice Package" digitally at lpainvoice@mdot.ms.gov;
- VI. MDOT reviews billing, if appropriate, processes invoice; and
- VII. MDOT CSU will sign and send copy of the invoice to the LPA.

EXAMPLE - LPA-001

THIS CSU-001 FORM IS AN EXCEL SPREADSHEET WITH PERTINENT FINANCIAL CODING AND IS PROJECT SPECIFIC.

| ENGINEERING LPA | -001 For LPA's | | | | | DEPARTMENT O | | SPORTATION TE - RECAP SHEET | | |
|---|---------------------|--------------|---------------|----------------|------------------|---------------------------------|----------------|--------------------------------|--|-----------------------|
| Vendor Number Project No. | | | | | County | | LSTIMA | TE-RECAI SHEET | P.O. No. 3941 Invoice Number: Sheet No. | |
| In Account With | | | | | county | | | • | blieet 110. | 1 01 |
| Contract Number: Est. No. | 1Pro | ogress Es | timate Fi | nal) | Surety Period | | THRU | | Document No. | |
| | | Line Item | OCA | User Code 1 | Object | Project Number / Detail Code | User Code 2 | Current Period | Previous Estimate | Total Allowed to Date |
| Total Participating Cost | | 001 | 080125 | 153 | 1612 | | 1 | 0.00 | 0.00 | 0.00 |
| | | | | | | | | | | |
| Total | | | | | | | | 0.00 | 0.00 | 0.00 |
| Retainage at | 5.00% | 004 | 080125 | 153 | 3530 | | 1 | 0.00 | 0.00 | 0.00 |
| Total All Work Due | | | | | | | | 0.00 | 0.00 | 0.00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Liquidated Damages | | 010 | 080125 | 153 | 3520 | | 1 | 0.00 | | |
| | | | | | | | | | | |
| Testing Charges | | 012 | 062090 | 734 | 6500 | | 1 | | | |
| | | | | | | | | | | |
| Total Net Work Due | | | | | | | | 0.00 | 0.00 | 0.00 |
| Quantities Checked Original Signed | P | roject Eng | ineer | | | | | | ENT FOR ALL PROGRESS AND FINAL .D BE PAID TO THE NEAREST CENTS (\$0.00) | |
| LPA Official | | | | | | Contract % Comp | olete | | | |
| Approved By: | | | | | | Contract % of Elaps | ed Time | | | |
| | Consultant Services | : Unit Engin | eer - Scot El | rgott, P.E. | | | | | | |
| % Matching Funds Deduction for LPA | 25.00000% | 001 | 080125 | 153 | 1612 | | 2 | 0.00 | 0.00 | 0.00 |
| | | | | тот | AL Ne | t Amount Owed to | the LPA | 0.00 | 0.00 | 0.00 |
| THE SOLE PURPOSE OF THE CONTRACT ADMINISTRATION ENGINEER'S SIGNATURE IS TO ACKNOWLEDGE THAT THE LPA HAS SUBMITTED THE CERTIFICATION AND OTHER DATA REQUIRED BY THE LPA MANUAL FOR PAYMENT | | | | | | | | | | |

EXAMPLE - INVOICE

THE INVOICE SHOULD BE FORMATTED IN ACCORDANCE WITH THE EXHIBIT 4 IN THE CONTRACT.

EXHIBIT 4

SAMPLE INVOICE [Labor-Hour/Unit Cost]

| LPA's address |
|--|
| DATE: |
| ATTENTION: LPA, Consultant Services Administrator |
| INVOICE NO. 0000 PERIOD, 20 THROUGH, 20 PROFESSIONAL SERVICES IN ACCORDANCE WITH CONTRACT DATED, 20, AS RELATES TO PROJECT NO IN COUNTYHIGHWAY |
| CONSULTANT: CUSTOMER NUMBER 0000000000 FILE NO. 000-000000 |

| | CURRENT PERIOD | PREVIOUS ESTIMATE | TOTAL ALLOWED TO DATE |
|-----------------|-------------------|----------------------|-----------------------|
| * LABOR COSTS | \$ | \$ | \$ |
| **.DIRECT COSTS | \$ | \$ | \$ |
| PROJECT TOTAL | \$ | \$ | \$ |

AMOUNT DUE THIS INVOICE: \$

NOTE:

IDA's name

- 1. * ATTACH SUPPORTING DATA
- 2. ** DIRECT COSTS (ATTACH SUPPORTING DATA)
- THE CONSULTANT MAY USE ITS OWN INVOICE FORM SO LONG AS IT HAS BEEN APPROVED. PRIOR TO SUBMISSION BY THE CONSULTANT SAID FORM SHOULD, AT A MINIMUM, CONTAIN THE ABOVE INFORMATION

SUPPORTING DATA

Direct Costs

Project Total

County Previous Costs Rate Current Employee and of Pay Period Period To Classification Date Hours Costs (in contract) DIRECT LABOR AND DIRECT COSTS John P. Public, Jr 0.00 0.00 0.00 0.00 Engineer John P. Public, Jr 0.00 0.00 0.00 0.00 Designer John P. Public, Jr 0.00 0.00 0.00 0.00 Engineer John P. Public, Jr 0.00 0.00 0.00 0.00 Technician Sub Total 0.00 0.00 0.00 Total Labor 0.00 0.00

0.00

0.00

0.00

0.00

Project No.

00-0000-00-000-00

EXAMPLE – BILLING BACK-UP

THE LPA/CONSULTANT MUST PROVIDE TIMESHEETS AND/OR BILLING BACKUP TO SUPPORT THE HOURS BILLED ON THE PROJECT.

Project 99999.001

Invoice No. 102656

Billing Backup

Tuesday, June 9, 2015

10:59:03 P.M.

ABC Engineering, Inc. Invoice No. 102656 Dated 6/9/2015

Professional Personnel

Total Labor

| | | Hours | Rate | Amo | ount |
|-----------------|-----------|-------|--------|-----|--------|
| Clerical | | | | | |
| Jones, Jessica | 5/18/2015 | 8.00 | 73.96 | \$ | 591.68 |
| Jones, Jessica | 5/19/2015 | 6.00 | 73.96 | \$ | 443.76 |
| Jones, Jessica | 5/20/2015 | 2.00 | 73.96 | \$ | 147.92 |
| Engineer | | | | | |
| Butler, Mark | 5/4/2015 | 6.00 | 133.58 | \$ | 801.48 |
| Butler, Mark | 5/5/2015 | 5.00 | 133.58 | \$ | 667.90 |
| Butler, Mark | 5/6/2015 | 4.00 | 133.58 | \$ | 534.32 |
| Butler, Mark | 5/7/2015 | 4.00 | 133.58 | \$ | 534.32 |
| Project Manager | | | | | |
| Mays, David | 5/4/2015 | 1.00 | 178.66 | \$ | 178.66 |
| Mays, David | 5/7/2015 | 1.00 | 178.66 | \$ | 178.66 |
| Engineer Intern | | | | | |
| Littleton, Lisa | 5/4/2015 | 6.00 | 77.84 | \$ | 467.04 |
| Littleton, Lisa | 5/5/2015 | 3.00 | 77.84 | \$ | 233.52 |
| Littleton, Lisa | 5/6/2015 | 5.00 | 77.84 | \$ | 389.20 |
| Littleton, Lisa | 5/7/2015 | 4.00 | 77.84 | \$ | 311.36 |
| Inspector | | | | | |
| Stanford, David | 5/4/2015 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/5/2015 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/6/2015 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/7/2015 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/8/15 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/11/15 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/12/15 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/13/15 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/14/15 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/15/15 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/18/15 | 8.00 | 56.79 | \$ | 454.32 |
| Stanford, David | 5/19/15 | 8.00 | 56.79 | \$ | 454.32 |
| | | | | | |
| | | | | | |

151.00

\$ 10,931.66

EXAMPLE – TIMESHEET

THE LPA/CONSULTANT MUST PROVIDE TIMESHEETS AND/OR BILLING BACKUP TO SUPPORT THE HOURS BILLED ON THE PROJECT.

| | | We | ekly | / Tir | nes | heet | t | | | | |
|----------------------|------------|------|-------|-------|------|------|------|-----------|--------------|-----------------|----------------|
| Person | ID | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total Hrs | Overtime Hrs | Regular Hrs |
| Yegor Kozlov | YK | 5 | 8 | 10 | 5 | 5 | 7 | 6 | 46.00 | | 46.00 |
| Gisella Bronzetti | GB | 4 | 3 | 1 | 3.5 | | | 4 | 15.50 | | 15.50 |
| | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | \square | 0.00 | | 0.00 |
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| | _ | | | | | | | \vdash | 0.00 | | 0.00 |
| | _ | | | | | | | \vdash | 0.00 | | 0.00 |
| | | | | | | | | | 0.00 | | 0.00 |
| | Total Hrs: | 9.00 | 11.00 | 11.00 | 8.50 | 5.00 | 7.00 | 10.00 | 61.50 | 0.00 | 61.50 |
| Total Regular Hours | 61.50 | | | | | | | | | | |
| Total Overtime Hours | 0.00 | | | | | | | | -111-111 | | |

EXAMPLE - RECEIPT / MILEAGE LOG

THE LPA/CONSULTANT MUST PROVIDE ALL SUPPORTING DOCUMENTATION FOR DIRECT COSTS BILLED TO THE PROJECT.

| | 555 \$ Rnystreet Rustin, TX 78745 555-555-5555 |
|------------------------------------|--|
| | |
| TORE: 0003 | REGISTER: 001 |
| ASHIER: KATIE SSOCIATE: 0000000 | |
| | |
| USTOMER RECEIPT O | COPY |
| RIGINAL TRANSACTI | |
| STORE : 00032 | |
| REBISTER : 001 DATE : 12/31 | 73445 |
| NUMBER : 5194 | 72003 |
| | |
| | 259.99 |
| | |
| UBTOTAL | 259.99 |
| ALES TAX | 21.45 |
| OTAL | 281.44 |
| MOUNT TENDERED | |
| isa | 281.44 |
| ACCT: ********* | 1234 |
| ED: ***** | |
| APPROVAL: 999999 CARDHOLDER: JA | |
| OTAL PAYMENT | 281.44 |
| | |
| rensection: 52858 | 1/8/2006 2:40 PM |
| | |
| CARHOLDER SIGN | RTURE: |
| (10 | re Smith |
| yas | re Smith |

Vehicle Mileage Log

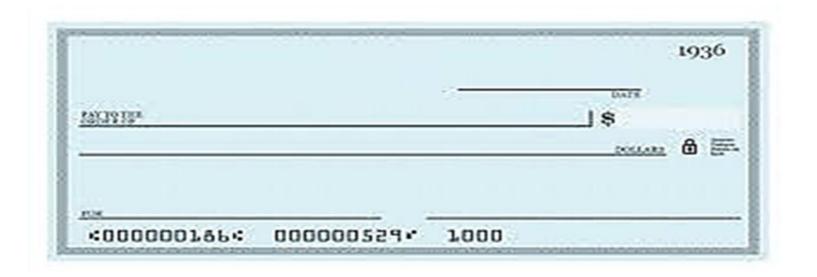
Beginning Date:

| Date | Date Odometer Reading | | Miles Traveled | Purpose / Description | Total Miles |
|------|-----------------------|--------|--------------------------|-----------------------|---------------------------|
| Date | Beginning | Ending | "Do not type in this box | Purpose / Description | "Do not type in this box. |
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| Total Miles | |
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EXAMPLE - CHECK

PROVIDE A COPY OF THE CHECK MADE PAYABLE TO THE CONSULTANT.



CHECKLIST

| Package includes (1) complete copy of all documentation; |
|---|
| Original signed LPA-001; |
| LPA-001 formulas and codes have not been altered; |
| Original current Consultant invoice; |
| All supporting documentation for payment of the invoice (i.e. billing back up timesheets, hotel receipts, mileage logs, and all other information indicated in the Contract); |
| Proof of payment; |
| Subconsultant(s) Invoice (Providing the same information and in the same format as the prime consultant); |
| The hours or services billed are on or after the Notice to Proceed date; and |
| Rates and Classifications match thru out the Contract. |

D. FINAL INVOICING PACKAGE

INSTRUCTIONS

- I. Consultant's project manager signs CSU-001/LPA-001 marked "FINAL" and forwards a complete copy of the Invoice Package to the LPA;
- II. LPA Reviews "LPA FINAL Invoice Package", if appropriate, Chief Administrative Official (CAO) signs CSU-001/LPA-001;
- III. LPA pays the Consultant prior to MDOT reimbursement;
- IV. LPA submits to MDOT "LPA FINAL Invoice Package" digitally at lpainvoice@mdot.ms.gov;
- V. MDOT reviews billing, if appropriate, processes invoice; and
- VI. MDOT CSU will sign and send copy of the invoice to the LPA.

EXAMPLE - CSU-001

THIS CSU-001 FORM IS AN EXCEL SPREADSHEET WITH PERTINENT FINANCIAL CODING AND IS PROJECT SPECIFIC.

| PRELIMINARY ENGINEERING | G CSU-00 | l For LF | MISS | | PI DEPARTMENT | | SPORTATION TE - RECAP SHEET | | |
|---|----------------|--------------|----------------|----------|--|----------------|--------------------------------|---|-----------------------|
| Vendor Number Project No. In Account With | | | | | | | | P.O. No. 3941 Invoice Number: Sheet No. | 1 of |
| Contract Number: Est. No. (F | Progress Es | timate / F | inal) | Period | | THRU | | Document No. | |
| | Line Item | OCA | User Code 1 | Object | Project Number / Detail Code | User Code 2 | Current Period | Previous Estimate | Total Allowed to Date |
| Total Participating Cost | 1 | | | | | 1 | | | |
| l Total | | | | | | | | 0.00 | |
| Total All Work Due | | | | | | | | 0.00 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Net ₩ork Due | | | | | | | | 0.00 | |
| nvoice Submitted Driginal Signed Consulta PA Official | ant -Project | t Manage | ч | - | Current Termination Contract: (*** No Work is reimburss termination date ha | ble after the | | MENT FOR ALL ESTIM IE NEAREST CENTS (4 | ATES SHOULD BE TO: |
| MDOT Consultant Admin | | | | | Maximum Amount Allowe (Total Net Work Due): | | | | |
| Consultant // Matching Funds Deduction for LPA 0.00000% | Services Direc | tor, Scot El | 153 | 1612 | | 1 | | 0.00 | |
| | | | тот | AL Ne | t Amount Owed to | the LPA | | 0.00 | |
| ··· Please populate any | . Sielde | siah | | d ber st | a shadad barra | | | | |

EXAMPLE – FINAL INVOICE

THE INVOICE SHOULD BE FORMATTED IN ACCORDANCE WITH THE EXHIBIT 4 IN THE CONTRACT.

| | KHIBIT 4 LE INVOICE |
|---|---|
| LOCAL PUBLIC AGENCY ADDRESS | FINAL |
| CITY, STATE, ZIP CODE | DATÉ: |
| ATTENTION: ACCOUNTS PAYABLE | |
| INVOICE NO. 0000 PERIOD | TH 20 , AS RELATES TO |
| CONSULTANT: CUSTOMER NUMBER 0000000000 FILE NO REPORT NUMBER: 0000 through 00000 | O. <u>060-00000</u> |
| CURREN _PERIOD | |
| DIRECT SALARIES | s s |
| PAYROLL ADDITIVE (less FCCM) | \$ \$ |
| PIXED FEE (% complete X total fee less amounts previously paid – not to exceed 75%) | \$ |
| PAYROLL ADDITIVE w/ FCCM only \$ | \$ \$ |
| ** DIRECT COSTS | \$ \$ |
| PROJECT TOTAL | s s |
| AMOUNT DUE THIS INVOICE: | \$ \$ \$ |
| 2 ** DIRECT COSTS (ATTACH SUPPOR 3. THE CONSULTANT MAY USE IT | TS OWN INVOICE FORM SO LONG AS IT HAS BEEN ON BY THE CONSULTANT SAID FORM SHOULD, AT A |

| SUPPORTING DATA | 1 | FII | NAL | | Project No. County | 00-00005-00-000-0 |
|----------------------------------|------------------|----------------------------|--------------------------------|-----------------|-----------------------|-------------------|
| Employee and Classification | Rate of Pay | Current Period Hours | Current Pro Period Costs | Period Costs | Costs To Date_ | |
| DIRECTIABOR.V | ND DIKECT CO | DSTS | | | | |
| John P. Public, Jr Engineer | 0.00 | 0.0 | 0.00 | 0.00 | 0.40 | |
| John P. Public, Je Designer | 0.00 | 0.0 | 0.00 | 0.00 | 0.00 | |
| John P. Public, Jr Engineer | 0.00 | 0.0 | 0.00 | 0.00 | 0.00 | |
| John P. Poblic, Jr Technician | 0.00 | 00 | 0,00 | 0.00 | 0.00 | |
| Sub Total | | 0.0 | 0.00 | 0.00 | 0.00 | |
| Payroll Additives (minus l | CCM) | | 0.00 | 0.00 | 000 | |
| Total Labor | | | COLO | 0.00 | 0.00 | |
| Fixed Fee | | | 0.00 | 0.00 | 909 | |
| Payroll additives w/ nely I | PCCM (Direct),a | bor + FCCM) | 0.00 | 0.00 | 0.00 | |
| Direct Costs | | | 0.00 | 0,00 | 0.00 | |
| Project Total | | | 0.00 | 0.00 | 0.00 | |

CHECKLIST

| Package includes (1) complete copy of all documentation; |
|--|
| Original signed CSU-001/LPA-001; |
| CSU-001/LPA-001 formulas and codes have not been altered; |
| Original current Consultant invoice; |
| All supporting documentation for payment of the invoice (i.e. billing back up, timesheets, hotel receipts, mileage logs, and all other information indicated in the Contract); |
| Proof of payment; |
| Subconsultant(s) Invoice (Providing the same information and in the same format as the prime consultant); |
| The hours or services billed are on or after the Notice to Proceed date; and |
| The word "FINAL" is indicated on the Consultant invoice and CSU-001/LPA-001. |